



If you've achieved a fitness feat, conquered your fears, lost weight, quit a bad habit or overcome a health obstacle, we want to hear from you. Please send a clear, full-body photo related to your story and fill in the following information.

Name:

Hometown:

Age:

Email:

Phone Number:

What healthy accomplishment have you completed recently? When did this occur?

What did you learn along the way?

What was the most difficult part of the experience?

How did you feel during and after?

How has your life changed since this event?

What are your three top tips for someone trying to reach the same goal?

If you are sharing a weight-loss story, please include:

Height:

Before weight:

Current weight:

Timeframe of loss:

How/why did you gain weight?

Tell us about your weight-loss wakeup call. What motivated you to slim down?

SUBMIT THIS FORM

By email: Type your responses in the fields provided and save the form as a PDF. Then send an email to fitnessmail@meredith.com and attach this PDF, **plus photos**. Please include "I Did It!" in the subject line.

By snail mail: Print this form, fill it out, and mail it **(along with photos)** to: "I Did It!"
FITNESS Magazine, 805 Third Avenue, 25th Floor, New York, NY 10022.

FITNESS "I DID IT" CONSENT AND RELEASE

I, ("Undersigned") hereby voluntarily submit the attached statements and photographs (collectively, the "Materials") to Meredith Corporation in connection with FITNESS magazine's "I Did It" project, having been informed and understanding that the Meredith Entities (defined below) may use the Materials as set forth below, subject to the following terms and conditions.

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Print name: _____
Address: _____
Telephone: _____

If subject is over the age of 18, sign below:

Signature: _____
Witness: _____

Date: _____
Date: _____

IF SUBJECT IS NOT OF LEGAL AGE:

I represent that I am the parent/guardian of, or the agency representative for, the above-named person. I hereby consent to the foregoing on his/her behalf. If signed by an agency representative, I warrant that I have the right and authority to sign this Consent and Release on the above-named person's behalf.

Print name: _____
Signature: _____
Address: _____
Telephone: _____

Relationship: _____
Date: _____